

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 01111802 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3	2		1			
4	2		1			
5	2		1			
6	3		1			
7	3		1			
8	3		1			
9	3		1			
10	3		1			
11	3		1			
12	3		1			
13	3		1			
14	3		1			
15	3		1			
16	3		1			
17	3		1			
18	3		1			
19	1		1			
20	1		1			
21	2		2			
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TOTAL IND.	3		3			
TOTAL DEP.	22	↔	37	↔		
TOTAL CLAIMS	25		40			

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	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↔		
TOTAL DEP.		↔		
TOTAL CLAIMS				